PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail SEP 2 2 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

TADDENIS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

34356

7590

06/30/2005

ASHKAN NAJAFI, P.A. 6817 SOUTHPOINT PARKWAY **SUITE 2301** JACKSONVILLE, FL 32216

09/23/2005 JBALINA2 00000007 10751187

01 FC:2501 02 FC:1504 700.00 OP 300.00 DP Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Signature) (Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/751,187 01/05/2004 John D. De Costa **NEV684** 3391

TITLE OF INVENTION: VACUUM OPERABLE CONTAINER FOR STORING FOOD

| APPLN. I YPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|--|---|--|--|---|--|
| nonprovisional | YES | \$700 | | \$300 | \$1000 | 09/30/2005 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | |
| MAUST, TIMOTHY LEWIS | | 3751 | | 141-065000 | • | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| | RESIDENCE DATA TO B | _ | | d . 71-7 | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion | low, no assignee of of this form is NOT | data will app Γa substitute | pear on the patent. If an assign for filing an assignment. | ee is identified below, the de | ocument has been filed for |
| (A) NAME OF ASSIGN | • | | | CE: (CITY and STATE OR CO | | |
| | e assignee category or catego | | | | orporation or other private gro | up entity Government |
| 4a. The following fee(s) are enclosed: | | | 4b. Payment of Fee(s): | | | |
| XI Issue Fee | | | A check in the amount of the fee(s) is enclosed. | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | |
| Advance Order - # of Copies | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | |
| | MALL ENTITY status. See | 37 CFR 1.27. | | cant is no longer claiming SMA | | |
| The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco | is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate | e Fee and Publicat vill not be accepted ent and Trademark | ion Fee (if ar from anyone Office. | ny) or to re-apply any previousl e other than the applicant; a regi | y paid issue fee to the applica istered attorney or agent; or th | tion identified above. e assignee or other party in |
| Authorized Signature | M | mely | and the same of th | Date | 9/20/05 | |
| Typed or printed name _ | Hshkan n | lajati, F | <u>.H.</u> | Registration | No. 49078 | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.